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VISCERAL SURGERY VIDEOS

Radical antegrade pancreatosplenectomy (with video)



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KEYWORDS

Pancreas;
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Distal pancreatectomy is the standard procedure for adenocarcinoma of the body and the tail of the pancreas. This surgical procedure has been performed in its present form for many years. The aim of oncological pancreatic resection is to obtain complete resection of the tumour with a margin of normal tissue (R0 resection), and resection of regional lymph nodes. Great efforts have been done into achieving these goals for carcinomas of the head of the pancreas. However, adenocarcinomas of the body and tail are as aggressive as pancreatic head tumors but usually remain asymptomatic until late in the course of disease (no jaundice). Thus, patients are very likely to present with advanced disease. Strasberg et al. have modified the technique of distal pancreatectomy and proposed a right-to-left approach to improve the rate of R0 resection, named radical antegrade modular pancreatosplenectomy (RAMPS) [1]. The procedure is performed as follows: the neck of the pancreas and splenic vessels are divided, followed by lymph node and perineural plexus dissection from the celiac axis downward to the superior mesenteric artery. Then, the dissection is continued laterally anteriorly or posteriorly preserving or not the left adrenal gland (Fig. 1).

We reported a case of a 62-year-old woman in which a 2.5 cm tumour of the tail of the pancreas was diagnosed on a CT-scan performed for abdominal pain. The preoperative workup showed a local disease. A RAMPS procedure was performed (Video 1). There was no postoperative pancreatic fistula. The patient discharged at home on postoperative day 12. The final histological analysis confirmed the diagnosis of adenocarcinoma of the pancreas, classified pT3N1 (3 lymph node involved out of 48 retrieved) M0, resection R0. Oncologic committee proposed an adjuvant chemotherapy. The patient was included in a clinical trial and received folfinox for six months. At 2 years, the patient was free of disease.

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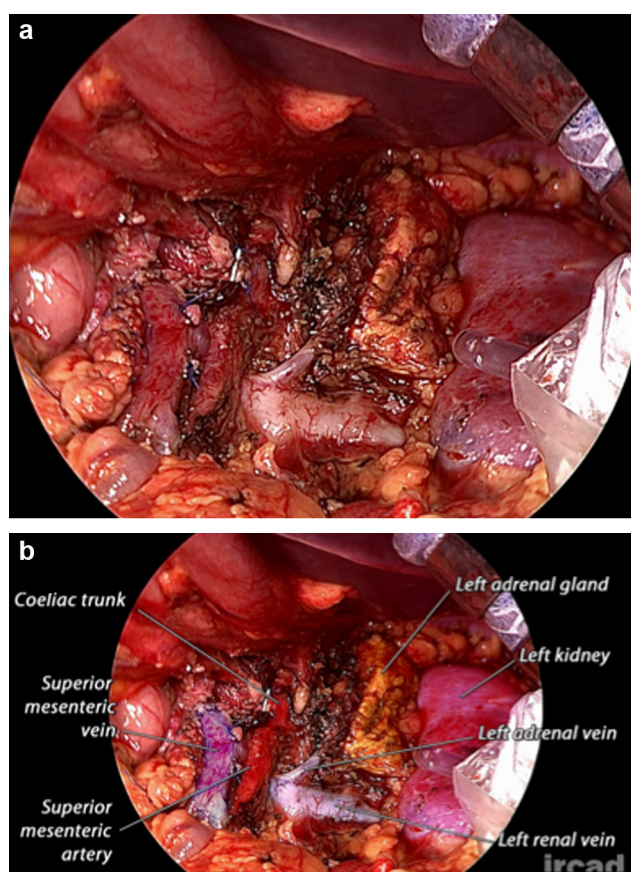


Figure 1. a: final operative view; b: final operative view with anatomical structure annotations.

Strasberg et al. claimed that RAMPS procedure was associated with a high rate of negative retropancreatic margin and that median and overall survival rates were comparable to those observed after Whipple procedure for cephalic tumors [2,3].

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.jvisc Surg.2015.02.011>.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

References

- [1] Strasberg SM, Drebin JA, Linehan D. Radical antegrade modular pancreateosplenectomy. *Surgery* 2003;133:521–7.
- [2] Strasberg SM, Linehan DC, Hawkins WG. Radical antegrade modular pancreateosplenectomy procedure for adenocarcinoma of the body and tail of the pancreas: ability to obtain negative tangential margins. *J Am Coll Surg* 2007;204:244–9.
- [3] Mitchem JB, Hamilton N, Gao F, et al. Long-term results of resection of adenocarcinoma of the body and tail of the pancreas using radical antegrade modular pancreateosplenectomy procedure. *J Am Coll Surg* 2012;214:46–52.